



The SC Department of Health and Environmental Control, Office of Minority Health is seeking and displaying information on health disparity projects and initiatives that specifically target South Carolina's minority communities.

The information collected will be placed in a *statewide database* identifying health disparity efforts (including outcomes/results), which will serve as a vehicle to facilitate better coordination and collaboration of health disparity efforts in the state. Your entered project/initiative will be shared with others who work on health care issues to reduce health disparities in the minority communities.

Please complete the following information (**One initiative per form**) or to complete the online survey type in www.dhec.sc.gov/health/minority, and click Minority Health Disparity Initiatives Database located under Data and Statistics, from the instructional page, click continue. The Database will not allow partial entries. Therefore, please allow appropriate time (10-15 minutes) to complete the **entire** survey.

Also, share this information with others. If you have questions, contact Rita Jefferson at (803) 898-2490 (E-mail: jefferov@dhec.sc.gov). Thank you for taking time from your busy schedule to participate.

1. Organization Name: _____

2. Organization Type: _____

3. Organization Website: _____

4. Project/Initiative Title: _____

5. Project/Initiative Contact Information:

Name: _____ Title: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____

6. Health Disparity Area:

- | | |
|---|---|
| <input type="checkbox"/> Cardiovascular Disease | <input type="checkbox"/> Immunization Adult |
| <input type="checkbox"/> HIV/AIDS | <input type="checkbox"/> Immunization Child |
| <input type="checkbox"/> Cancer (Identify)_____ | <input type="checkbox"/> Infant Mortality |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Other_____ |

7. Racial/Ethnic Groups (Check all that apply):

- ☐ Black/ African-American
- ☐ Hispanic/Latino
- ☐ American Indian/ Alaska Native
- ☐ Asian American
- ☐ Native Hawaiian/Other Pacific Islander
- ☐ Other Minority:_____
- ☐ All Races

8 Age Groups: (Check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Infants & Toddlers (0-3yrs.) | <input type="checkbox"/> Adults (26-54yrs.) |
| <input type="checkbox"/> Child/Youth (4-12yrs.) | <input type="checkbox"/> Seniors (55-64 yrs.) |
| <input type="checkbox"/> Teens (13-18yrs.) | <input type="checkbox"/> Elderly (65+yrs.) |
| <input type="checkbox"/> Young Adults (19-25yrs.) | <input type="checkbox"/> All ages |

9. Gender: ☐Male ☐Female ☐Male and Female

10. Specific Populations: (Check all that apply)

- | | | |
|-------------------------------------|--|--|
| <input type="checkbox"/> Families | <input type="checkbox"/> Low Literate | <input type="checkbox"/> Uninsured |
| <input type="checkbox"/> Homeless | <input type="checkbox"/> Migrant Workers | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Low Income | <input type="checkbox"/> Underinsured | <input type="checkbox"/> All Populations |

11 Services Provided: (Check all that apply):

- | | |
|---|---|
| <input type="checkbox"/> Transportation | <input type="checkbox"/> Grant writing |
| <input type="checkbox"/> Screening/Treatment/Follow-up | <input type="checkbox"/> Insurance Coverage |
| <input type="checkbox"/> Treatment Only | <input type="checkbox"/> Research/Clinical Trials |
| <input type="checkbox"/> Screening Only | <input type="checkbox"/> Data Collection |
| <input type="checkbox"/> Minority Health Professions Development | <input type="checkbox"/> Assessment/Evaluation |
| <input type="checkbox"/> Enhance/Facilitate Private/Public Partnerships | <input type="checkbox"/> Education/Outreach (Presentations. etc.) |
| <input type="checkbox"/> Ensure Adequate Infrastructure/Resources | <input type="checkbox"/> Public Relations (Media) |
| <input type="checkbox"/> Increase Health Literacy | <input type="checkbox"/> Behavior Modification |
| <input type="checkbox"/> Outreach Training | <input type="checkbox"/> Other Explain : _____ |
| <input type="checkbox"/> Create Educational Materials | |

12. Duration:

☐ Less than 1 year ☐ 2-5 years ☐ 6-10 years ☐ Other (Explain _____)

13. Project/Initiative Scheduled to End:

☐ 2005 ☐ 2006 ☐ 2007 ☐ 2008 ☐ 2009 ☐ 2010 ☐ Other _____

14. Setting: (Check all that apply):

<input type="checkbox"/> Community	<input type="checkbox"/> Community Health Center
<input type="checkbox"/> Health Department	<input type="checkbox"/> Grocery Store
<input type="checkbox"/> Worksite	<input type="checkbox"/> Daycare Facility
<input type="checkbox"/> Hospital	<input type="checkbox"/> Doctor's Office
<input type="checkbox"/> Church	<input type="checkbox"/> School/College
<input type="checkbox"/> Faith	<input type="checkbox"/> Recreational Facility
<input type="checkbox"/> Store/Mall	<input type="checkbox"/> Other _____
<input type="checkbox"/> Restaurant	

15. Project/Initiative Conducted In: ☐ Rural Area ☐ Urban Area ☐ Both

16. List Primary County (ies) of Project/Initiative:

☐ All Counties

17 Please provide a brief description of your Project/Initiative as it would appear on the Office of Minority Health 's web page (50 words or less, print or type).

18. Has the Project/Initiative Been Formally Evaluated?

☐ Yes ☐ No

If Yes The Outcomes Resulted In:

☐ Policy change

- ☐ Environmental Change
- ☐ Increased number of persons impacted
- ☐ Increased knowledge base
- ☐ Increased fiscal resources
- ☐ Changed attitudes and behavior
- ☐ Other Explain: _____

19. Please explain why your Project/Initiative is a *Best/Promising Practice. (30 words or less print or type)

*Best/promising practices have four common characteristics: a) they are innovative, b) they make a difference, c) they have a sustainable effect, and d) they have the potential to be replicated and to serve as a model for generating initiatives elsewhere.

20. Prevention level (Check all that apply):

- ☐ Primary (Targets persons who are at low risk or not currently affected by certain illness)
- ☐ Secondary (Targets persons with major risk factors)
- ☐ Tertiary (Targets persons with the illness or disease, provides medical treatment and referral)

21. Challenge(s) to Your Efforts: (Check all the apply):

- | | |
|---|---|
| <input type="checkbox"/> Recruitment/Retention of Participant's | <input type="checkbox"/> Fiscal Resources |
| <input type="checkbox"/> Recruitment/Retention of Providers | <input type="checkbox"/> Treatment Options |
| <input type="checkbox"/> Establishing Partnerships | <input type="checkbox"/> Screening Services |
| <input type="checkbox"/> Implementation Process | <input type="checkbox"/> Data Collection |
| <input type="checkbox"/> Transportation | <input type="checkbox"/> Medicaid/Medicare Reimbursements |
| <input type="checkbox"/> Other Explain: _____ | |

22. Funding Agency(s)

- ☐ Centers for Disease Control and Prevention (CDC)\
- ☐ National Institutes of Health (NIH)
- ☐ US Department of Health and Human Services (HHS)
- ☐ US Office of Minority Health
- ☐ SC DHEC
- ☐ Susan G Koman Foundation
- ☐ American Cancer Society

- ☐ Robert Wood Johnson
☐ California Endowment Foundation
☐ Other Explain: _____

23. Funding Source (Check all that apply):

- ☐ Private Donor ☐ Corporate
☐ Foundation ☐ Other _____
☐ Federal Government
☐ State Government
☐ Local Government

24. Funding Level: \$ _____

25. Is the Project/Initiative being implemented by Other Entities?

- ☐ Yes ☐ No

☐ Yes (Identify): _____

26. Project//Initiative Partners (print or type):

**27 List contact information for other minority health disparity projects/ initiatives you are aware of:
 (print or type**

Survey Completed By (print or type):

Name & Title: _____

Address: _____

City: _____ State: _____ Zip: _____ County: _____

Phone: _____ Fax: _____ Email: _____

Date Completed: _____

THANK You AGAIN FOR YOUR TIME AND VALUABLE INPUT